

## Request for Waiver of the Civil Service Examination Fee

EXAM TITLE: \_\_\_\_\_ ANNOUNCEMENT #: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

In accordance with the provisions of Section 5 (n) of Chapter 31 of the Massachusetts General Laws, I request a waiver of the Examination Application Fee. **I have attached documentation (e.g., receipts, check stubs, agency verification) verifying that I have received assistance within the past twelve months through the program(s) listed below.**

Place a check mark next to the applicable program(s).

- |  |   |
|--|---|
| <input type="checkbox"/> Family Housing  | <input type="checkbox"/> Supplemental Nutritional Assistance Program (SNAP - formerly Food Stamps)        |
| <input type="checkbox"/> Free and reduced price lunch or milk at school or day care center | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)                                   |
| <input type="checkbox"/> Fuel Assistance   | <input type="checkbox"/> Transitional Aid to Families with Dependent Children (TAFDC)                     |
| <input type="checkbox"/> General Relief (GR)   | <input type="checkbox"/> Unemployment Insurance (UI)  |
| <input type="checkbox"/> MassHealth  | <input type="checkbox"/> Veterans Administration Vocational Rehabilitation and Employment Services (VR&E) |
| <input type="checkbox"/> Municipal Veterans Benefits under M.G.L. ch. 115                  | <input type="checkbox"/> Vocational Rehabilitation Services (VR)  |
| <input type="checkbox"/> Refugee Assistance  | <input type="checkbox"/> Women Infants Children Program (WIC)   |
| <input type="checkbox"/> Rental Assistance   | <input type="checkbox"/> Worker's Compensation  |
| <input type="checkbox"/> Social Security (RSDI)  |   |
| <input type="checkbox"/> Supplemental Security Income (SSI)                                |   |

Please indicate below the name of each agency providing assistance.

1. Agency Name: \_\_\_\_\_

2. Agency Name: \_\_\_\_\_

I understand that if my waiver application cannot be verified, it will be denied. If I am not eligible for a fee waiver as described above, I must pay the required fee in the form of a money order or certified bank check made out to the Commonwealth of Massachusetts. Failure to pay the required fee may result in a delay in processing your examination application and/or the removal of my name from the eligibility list.

I hereby declare under penalties of perjury that the statement above is true. I authorize the agency administering the benefits I have indicated above to release information sufficient to verify my claim to the Human Resources Division.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Application